

**MISSOURI DEPARTMENT OF MENTAL
HEALTH**

SPRING TRAINING INSTITUTE

PRESENTS

A WORKSHOP ON

**DEVELOPING RESILIENCY IN CHILDREN
AND ADOLESCENTS EXPOSED TO
ALCOHOL AND DRUGS IN THEIR HOMES
AND COMMUNITIES**

MAY 18, 2006
3:00 p.m. – 4:30 p.m.

PRESENTER

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INTRODUCTION

All across the country therapists, social workers, teachers, and parents are concerned with the healthy development of young people, and are looking for answers to the behavior problems of children and adolescents, such as drug abuse, violence, school dropouts, and teen pregnancies. These problems have been with us for a long time; however, there is a renewed sense of urgency to start, early in the lives of children and adolescents who may be at risk, to help them develop resilience by using protective factors already in place.

ECOLOGICAL BASIS OF BEHAVIOR

DEFINITIONS

“Resiliency is more than outside success, more than graduating from high school, staying out of jail, holding a job. It also means developing a positive sense of self, a capacity for intimacy, and a feeling that life is meaningful.”

**James Garbarino
Clinical Psychologist & Author of
*Lost Boys: Why Our sons Turn Violent
and How We Can Save Them***

“Heart is an essential component in having resilience. Heart can be defined as the characteristic that causes a person to be firm in his or her beliefs and to have determination. There is a need to cultivate heart in youth as a primary prevention strategy to prepare youth to face adversity. Heart can be developed by using sports as a vehicle.”

**Carl Bell, M.D.
President & CEO
Community Mental Health Council**

“Resilience can be defined as the capacity to rebound from adversity strengthened and more resourceful. It is an active process of endurance, self-rights and growth in response to crises and challenges.”

**Froma Walsh
University of Chicago
*Strengthening Family Resilience***

**WHAT SUBSTANCE ABUSE, MENTAL HEALTH, JUVENILE JUSTICE
WORKERS, AND PREVENTION AND TREATMENT SPECIALISTS NEED TO
KNOW ABOUT WORKING WITH YOUTH EXPOSED TO ALCOHOL AND
DRUGS**

1. Youth exposed to alcohol and drugs in their homes and communities may have anger challenges.
2. Youth exposed to alcohol and drugs may have attachment/intimacy issues.
3. Youth exposed to alcohol and drugs may have been exposed to violence and drugs thus are co-victims.
4. Youth exposed to alcohol and drugs in their homes and communities may have difficulty concentrating or remaining on task in school.
5. Youth exposed to alcohol and drugs in their homes and communities may journey into a premature entry into adulthood.
6. Youth exposed to alcohol and drugs in their homes and communities are at risk for exhibiting/modeling inappropriate aggressive behaviors.
7. Youth exposed to alcohol and drugs in their homes and communities may have deficits in problem solving strategies.
8. Youth exposed to alcohol and drugs may have deficits in competency.
9. Youth exposed to alcohol and drugs in their homes and communities may have issues around shame and hurt.
10. Youth exposed to alcohol and drugs in their homes and communities may have difficulty expressing their feelings.
11. Youth exposed to alcohol and drugs in their homes and communities are at risk for drinking and using drugs earlier.
12. Youth exposed to alcohol and drugs in their homes and communities may have been physically or sexually abused.
13. Youth exposed to alcohol and drugs in their homes and communities may have a history of running away and/or suicidal ideation.

**WHAT YOUTH EXPOSED TO ALCOHOL AND DRUGS IN THEIR HOMES
AND COMMUNITIES NEED**

1. A person who can help incorporate a safe, soothing introject.
2. Opportunities to take a break away from the environment of alcohol and drugs.
3. Opportunities to practice being resilient.
4. Pro-social activities.
5. Pro-social/peers.
6. Group counseling/therapy
7. Incremental and immediate success.
8. Encouragement, encouragement, encouragement!
9. Opportunities to participate in sports.
10. Opportunity to develop empathy.
11. To be a kid.
12. To laugh, to ventilate.
13. To talk about their pain.
14. To practice problem solving.
15. Address their rage.

WHAT FAMILIES NEED

Assistance with:

1. Poor socialization practices, modifying of antisocial values and behaviors (Kandel & Andrews, 1987), failure to promote positive moral development (Damon, 1988).
2. Poor supervision of the child, including failure to maintain the child's activities (Loeber & Stouthamer - Loeber, 1986) and sibling violence (Steinmetz & Straus 1974) and too few adults to care for the number of children.
3. Poor discipline skills, including lax, inconsistent, or harsh discipline (Baumrind, 1985); parental conflict over child-rearing practices (Vicary & Lerner, 1986), failure to set clear rules and consequences for misbehavior.
4. Poor quality of parent-child relationships, including rejection of the child by the parent or of the parents by the child (Brook, Brook, Gordon, Whiteman, & Cohen, 1990) low parental attachment (Baumrind, 1985). (Kumpfer, et al., In Peters and Robert J. Mahon (Eds.) *Preventing Childhood Disorders, Substance Abuse, and Delinquency*, Thousand Oaks, Sage Publications.
5. Decreasing family conflict, mental discord, and domestic violence associated with increased verbal, physical, or sexual abuse of the child (Kumpfer & Bayes, 1995; Kumpfer & Demarsh, 1986); poor conflict resolution or anger management skills.
6. Family chaos and stress associated with poor family management skills or life skills, resulting in fewer consistent family rituals (Wolin, Bennett, & Noonan, 1979) and inappropriate role modeling and socialization (Peterson, DeBaryshe, & Ramsey, 1989).
7. Poor parental mental health, including depression, causing negative views of the child's behaviors, parent hostility toward the child and harsh discipline (Conger & Rueter, 1997).
8. Family social isolation and lack of community support resources (Wahler, Leske, & Rogers, 1979).
9. Role reversal or loss of parental control (Delgado, 1990).
10. Parental and sibling drug use, including role modeling (Brook, et al., 1990) and lack of alcohol and drug family norms.

**THE IMPACT AND COST OF COMMUNITY VIOLENCE AND YOUTH
SUBSTANCE ABUSE AND CRIME**

Community Violence

Many studies have shown that youth who live in violent and troubled neighborhoods are deeply impacted by the violence they see and experience. Exposure to violence and victimization of violence is linked with several aspects of functioning:

Externalizing problems

- 1.
- 2.
- 3.
- 4.

Internalizing problems

- 1.
- 2.
- 3.
- 4.
- 5.

FAMILY COPING IN RELATION TO DEVELOPING RESILIENCY

Families can vary in the internal and external resources available, the extent to which they provide or accomplish basic family functions, and the extent and specific form of stressors and adaptive tasks they face.

Major Coping Tasks of Families

Problem-solving-coping

A. Family as response to members

- Resourcefulness
- Adaptability

B. Teaching coping

C. Parents and coping

Emotion-focused coping

A. Family as buffer

B. Family as stressor

A TYPOLOGY OF STRESS WITHIN NEIGHBORHOODS AND FAMILIES

Building on stress typological offenses by others (e.g., Aderson, 1991), it is suggested that the nature and impact of stress in some families with particular challenges (i.e., poor police surveillance, low bonding to community groups, poor resources, drug using and selling, and other high crime activities) that four types of stressors are present.

A. Chronic environmental stress

B. Life events

C. Daily hassles

D. Role strain

RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE

1. Laws and norms favorable toward behavior
2. Availability of drugs
3. Extreme economic deprivation
4. Neighborhood disorganization
5. Physiologic factors
6. Family alcohol and drug behavior and attitudes
7. Poor and inconsistent family management practices
8. Family conflict
9. Low bonding to family
10. Early and persistent problem behaviors
11. Academic failure
12. Low degree of commitment to school
13. Peer rejection in elementary grades
14. Association with drug-using peers
15. Alienation and rebelliousness
16. Attitudes favorable to drug use
17. Early onset of drug use

Source: Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin*, 1992, Vol. 112, #1, pp. 64-105.

**LOSSES YOUTH EXPERIENCE BEING EXPOSED TO ALCOHOL AND
VIOLENCE**

Different Types of Loss

- 1. Loss of a hero**
- 2. Loss of a romantic relationship**
- 3. Separation and/or divorce**
- 4. Abandonment or death**
- 5. Neglect**
- 6. Loss of the sense of physical safety**
- 7. Moving to a new area**
- 8. Loss of friendship (not related to moving away)**
- 9. Loss of diminished function**
- 10. Loss of economic security**
- 11. Loss of parent discipline**
- 12. Excessive or harsh parental practices**

**UNDERSTANDING ANGER, RAGE, AND VIOLENCE FOR YOUTH EXPOSED
TO ALCOHOL AND DRUGS IN THEIR HOMES AND NEIGHBORHOODS**

1. **Anger, rage, and violence**
2. **Dimensions of rage**
3. **The threat of rage**
4. **Rage as a defense against more vulnerable emotions**
5. **From rage to violence**
6. **Unhealthy relationship with rage**

THE IMPACT OF ALCOHOL AND DRUGS ON PARENTING SKILLS AND STYLES

1. It affects their ability to be consistent.
2. It increases the probability of physical, emotional, and sexual abuse.
3. It decreases their ability to monitor their kids' behavior.
4. Parents' memories, i.e., special dates—recitals, graduations—are affected by substance abuse, which increases the likelihood of acting out behavior at these events.
5. Parents lose the respect of their kids.
6. It increases the likelihood of the kids using substances through modeling.
7. It increases the chance of the kids wanting to separate earlier.
8. Addiction decreases the parents' ability to protect their children.
9. The substance abuser/dependent may look for perfection.
10. The parent may be perceived as a hypocrite—"You tell me not to smoke, but you drink or get high everyday."
11. As the addiction progresses, the family becomes more vulnerable to family problems.
12. Children may engage in role reversals or become parent _____
13. Alcohol and drugs can act as precipitants to parental violence.

THOUGHTS ABOUT RESILIENCY

WHAT MATTERS

If youth has a strong sense of future orientation, the present tends to take care of itself. “I do what I need to do today to prepare for the good things available to me in the years to come.” Meaningfulness is implicit in the routines of day-to-day life, but youth whose future is far from secure need a strong explicit sense of meaningfulness to counterbalance that threat.

Several renowned psychologists have maintained that feeling good about oneself, thinking clearly about the world and leading a morally responsible life for youth is having a purpose in life that produces a strong sense of meaningfulness, especially when the going gets tough.

Kids feel a sense of purposefulness when they are rooted in a world that makes sense. It makes sense to follow the rules if you feel the authority that makes them has your best interest at heart.

ETIOLOGY OF RESILIENCE

The Japanese tell us that everyone has the capacity/ability to be resilient, but as with anything, individuals need to remember:

- 1. That everyone has the DNA, the trait, and the cells to be resilient.**
- 2. That resiliency must be practiced, that is that youth need supervised, controlled episodic opportunities to develop/cultivate resiliency.**

Source: Using Sports in the Development of Heart As An Area of Developing Resilience. Carl C. Bell & Hayward Suggs, *Child and Adolescent Psychiatric Clinics*, 1999.

SOURCES OF RESILIENCY

- | | |
|------------------------|--------------------------------|
| 1. Schools | 5. Organizations |
| 2. Families | 6. Extra curriculum activities |
| 3. Individuals | 7. Institutions |
| 4. Churches/synagogues | |

WHAT YOUTH NEED FROM SCHOOLS

1. Opportunities
2. Recognition
3. Skills

CHARACTERISTICS OF RESILIENCY

1. Having curiosity and intellectual mastery
2. Having compassion – with detachment
3. Having the ability to conceptualize
4. Obtaining the conviction of one's right to survive
5. Possessing the ability to remember and invoke images of good and sustaining figures
6. Having the ability to be in touch with affects, not doing or suppressing major affects as they arise
7. Having a goal to live for
8. Having the ability to attract and use adult supports
9. Possessing a vision of the possibility of a restoration of society
10. Having the need and ability to help others
11. Having altruism toward others
12. Being resourceful

Source: Apfel, R.J., Simon, B., Eds. In *Minefield in Their Hearts, An Introduction*. Yale University Press, 1996, p. 177.

**BUILDING RESILIENCY IN YOUTH EXPOSED TO ALCOHOL AND DRUGS
IN THEIR HOMES AND COMMUNITIES**

1. One strategy for developing emotional strength is to develop and expand community partnerships.
2. Physical health and access to treatment.
3. Improving bonding, attachment, and connectedness.
4. Improving self-esteem by facilitating a sense of connectedness.
5. Resiliency can be reinforced by providing youth the opportunity to increase individual social skills.
6. The reestablishment of the protective shield
7. Minimizing the effects of trauma can encourage resiliency, through the supporting of the transformation of traumatic helplessness into learned helpfulness
8. Encouraging the involvement of spirituality